

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 044 ***158.75

DOCUMENT # K 82667
1. Entity Name
AVERY STUART, LTD. CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>801 BRICKELL BAY DR.</u>		3. Mailing Address <u>801 BRICKELL BAY DR.</u>	
Suite, Apt. #, etc. <u>LOBBY SUITE 10</u>		Suite, Apt. #, etc. <u>LOBBY SUITE 10</u>	
City & State <u>MIAMI FLA.</u>		City & State <u>MIAMI FLA.</u>	
Zip <u>33131</u>	Country <u>DADE</u>	Zip <u>33131</u>	Country <u>DADE</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>650317590</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>STEVEN BAHR</u>
Street Address (P.O. Box Number is Not Acceptable) <u>801 BRICKELL BAY DR. LOBBY BOX 10</u>
City <u>MIAMI</u>
State <u>FL</u>
Zip Code <u>33131</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Steven Bahr* Steven Bahr DATE 3/6/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT, DIRECTOR CHARLES CULPEPPER JR. 801 BRICKELL BAY DR. #10 LOBBY BOX MIAMI FL. 33131</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER / DIRECTOR STEVEN BAHR 801 BRICKELL BAY DR. LOBBY BOX 10 MIAMI FL. 33131</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY / DIRECTOR MICHAEL LERNER 801 BRICKELL BAY DR. LOBBY BOX 10 MIAMI FL. 33131</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT / DIRECTOR RAUL XELAN TRUCIDO 801 BRICKELL BAY DR. LOBBY BOX 10 MIAMI FL. 33131</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Lerner* Michael Lerner DATE 3/6/02 (786) 402-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)